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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 03/01/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G203	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2007
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NAME OF PROVIDER OR SUPPLIER

INDIVIDUAL DEVELOPMENT, INC

STREET ADDRESS, CITY, STATE, ZIP CODE

6010 DIX STREET, NE

WASHINGTON, DC 20019

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS This recertification survey was conducted from February 20-22, 2007. This survey was initiated utilizing a fundamental survey process. Six males and one female with varying degrees of disabilities reside in this facility. The survey sample was derived from a random sampling of four of the seven clients. The survey findings were based on observations in the group home and at one day program. In addition, the findings were based on interviews with one client, residential, nursing, administrative and day program staff. Review of records, including investigations of unusual incidents was also conducted.	W 000		
W-124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to establish a system that would ensure that clients identified as unable to protect their own rights were assessed and provided established and legally sanctioned avenues to protect their rights for one of four clients in sample. The finding includes: Interview with the Acting Qualified Mental	W 124	W124 This Standard will be met as evidenced by: QMRP will ensure that a substituted consent is obtained from a legally recognized individual or entity prior to administration of medications for sedation. QMRP will forward all necessary paperwork to DDS, case manager to obtain legal guardianship for client #1. QMRP will discuss and review client #1's medications at the next scheduled human rights committee meeting. In the future, QMRP and/or medical staff will ensure that documentation/ verification that the benefits and risks of treatment associated with the use of medications and other restrictive measures has been explained and discussed.	3-29-07 ongoing

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 30 days after the date of survey whether or not a plan of correction is provided. (For nursing homes, the above findings and plans of correction are disclosable 14 days after the date these documents are made available to the facility.) If deficiencies are cited, an approved plan of correction is requisite to continued participation.

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W 125	Continued From page 2 the facility failed to demonstrate that clients were granted their rights to manage their financial affairs and to be taught to do so to the extent of their capabilities. The findings include: 1. Enclosed in the client #2 's clinical records was a financial assessment. The assessment indicated that client #2 " will continue to make small purchases to enhance his shopping skills. He will enhance his decision making by assisting staff with selection of his purchased items during shopping expenditures ". There was no documented evidence of the client ' s participating in a program to gain skills in handling his finances. Three direct care staff were interviewed between February 21 and 22, 2007. These three direct care staff was on the schedule during morning hours, evening hours, and weekend hours. The staff could not recall a time in which client #2 had been taken inside of a store to make small purchases as reflected on the financial assessment. 2. Client #4 ' s clinical assessments included a financial assessment dated December 2006. In all assessed areas, it was documented that the client was dependent; however, there was a recommendation to "continue to make small purchases." There was no documented evidence to determine that client #4 had been provided training to address the areas of her dependency or to direct her in making the purchases mentioned in the recommendation	W 125		
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL	W 159	W159 This Standard will be met as evidenced by: QMRP will discuss and clarify status of communication objective outlined on the IPP with the Speech Pathologist. All recommendations will be documented by the Speech Pathologist and carried out by the QMRP. Appropriate equipment will be purchased if recommended. QMRP in conjunction with the Speech Pathologist will provide staff training as needed. Routine file audits will be conducted on an ongoing basis to further ensure that services are coordinated, monitored and implemented as recommended.	3.30.07 engany

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NAME OF PROVIDER OR SUPPLIER INDIVIDUAL DEVELOPMENT, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5010 DIX STREET, NE WASHINGTON, DC 20018			
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W 159	<p>Continued From page 3</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>This STANDARD is not met as evidenced by: Based on interviews with the direct care facility staff and the Interim Qualified Mental Retardation Professional and review of individual program plans, quarterly Qualified mental retardation professional notation, and speech assessment, the facility failed to demonstrate that the QMRP coordinated, integrated, monitored the communication service used for one of four clients [#2] in the sample.</p> <p>The finding includes:</p> <p>A review of client #2's individual program plan (IPP) dated August 28, 2006 was reviewed on February 22, 2006 at 10:30 AM. The IPP reflected an objective that read "given a low tech device, (client #2) will respond to query, what is your name, for 80% of the trials offered with hands over hands assistance.</p> <p>The speech pathologist assessment dated September 7, 2006 revealed no program proposed. An assessment dated January 6, 2007 reflected "assessed for augmentative device and will confer with speech and language pathologist for input on the device."</p> <p>A quarterly note dated January 1, 2007 signed by the QMRP reflected "goal will be discontinued effective November 28, 2006".</p> <p>The two direct care staff interviewed on February</p>			W 159			

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WASHINGTON, DC 20018

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W 159	Continued From page 4 21 and 22, 2007 stated that they were not aware of a communicative device being recommended for client #2. The current QMRP stated that she was acting following the sudden absence of the previous QMRP; therefore, she was unable to address the communication issue at the time of this survey. There was no evidence that the speech recommendation had been considered or implemented following the August 28, 2006 individual support plan (ISP). There was no evidence that the QMRP had coordinated the speech services for client #2.	W 159		
W 170	483.430(b)(5) PROFESSIONAL PROGRAM SERVICES Professional program staff must be licensed, certified, or registered, as applicable, to provide professional services by the State in which he or she practices. This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that all professionals are licensed and/or certified in accordance with the District of Columbia Laws. The finding include: The review of personnel records on February 22, 2007, at approximately 2:45PM indicated that the professional license for the Physical Therapist was not available for review. There was no evidence that the Physical Therapist was currently licensed in accordance with the Health Occupation Revision Act (HORA), Title B Chapter	W 170	W170 This Standard will be met as evidenced by: Professional license for the Physical Therapist will be obtained. Administrative Assistant will continue to monitor consultant files, request updated licenses prior to expiration and maintain documents on file for review.	3.13.07 ongoing

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W 170	Continued From page 5 12, Section 3-1205.13 ("Each licensee shall display the license conspicuously in any and all places of business or employment of the licensee .")	W 170		
W 214	483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on observation at the facility, interview with direct care staff, and review of a speech and language assessment, the facility failed to ensure that client #4's speech assessment had been completed as recommended. The finding includes: During observation when attempts to interview Client #4, her speech was somewhat difficult to comprehend. Client #4 responded primarily to yes and no questions and used gestures. According to a direct care staff interviewed on February 21, 2006, the client has a communications board that she uses. Another staff interviewed on February 22, 2007, indicated that Client #4 "had a little box that says things" The staff indicated "I don't know where it is and she [client #4] doesn't need it". The assessment was sought in the client's clinical chart but instead a note from the speech pathologist dated September 7, 2006 was found. This notation indicated "a complete speech and language assessment will be completed at a later date. As of the survey February 22, 2007, there was no evidence that the speech assessment had been completed.	W 214	W214 This Standard will be met as evidenced by: Speech and Language assessment was completed as documented, but not filed by the previous QMRP. A copy of the document has been filed in client #4's record. Client #4 does have a communication device and is able to use the device as outlined. QMRP will provide additional staff training as needed to ensure that all staff are knowledgeable of both the location, function and purpose of the device.	3-1-07 ongoing

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W 264	<p>483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE</p> <p>The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>This STANDARD is not met as evidenced by: Based on review of client's medical records, facility's policies, and Human Rights Committee (HRC) minutes, the governing body failed to ensure that the facility implemented the governing policies and that the HRC evaluated and ensured that the policies are adhered to protect the rights of clients.</p> <p>The finding includes:</p> <p>Interview with the Acting Qualified Mental Retardation Professional (QMRP), revealed that Client #1's mother is involved in his life but that the client does not have a legal guardian. Review of Client #1's physician's orders dated February 10, 2007, at approximately 1:00 PM on February 21, 2007 revealed that the client was prescribed Haldol 1 mg. PO and Benadryl 50 mg. PO two hours prior to having an EEG on February 13, 2007. Review of Client #1's physician's orders dated February 10, 2007, at approximately 1:00 PM on February 21, 2007 revealed that the client was prescribed Haldol 1 mg. PO and Benadryl 50 mg PO two hours prior to having an EEG on February 13, 2007. Interview with the licensed</p>	W 264	<p>W264</p> <p>This Standard will be met as evidenced by:</p> <p>Reference response to W124. QMRP will review sedations for medical appointments at the next scheduled HRC meeting for client #1. Documentation of recommendations and suggestions will be maintained on file for review.</p>	3.30.07 ongoing

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W 264	Continued From page 7 Practical Nurse (LPN) and review of the Medication Administration Record (MAR) at approximately 1:30 PM on February 21, 2007 revealed that the client did receive Haldol 1 mg. PO and Benadryl 50 mg PO two hours prior to having an EEG on February 13, 2007. Further interview with the QMRP on February 22, 2007, at approximately 12:45 PM revealed that the HRC had not approved the use of sedations for medical appointments for Client # 1. Review of HRC minutes dated January-December 2006, on February 22, 2007, at approximately 1:00 PM revealed that the HRC had not reviewed or made suggestions regarding the use of sedations for medical appointments for Client # 1. There was no evidence that the HRC had made suggestions to the facility about securing formal consent prior to the implementation of restrictive medication treatment programs for Client #1.	W 264		
W 436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation, staff interviews, and record review, the facility failed to ensure that client were provided, maintained, and had repaired recommended devices to assist in their independence and overall well being for two of four clients in the sample. (Clients # 2 and #4) The findings include:	W 436	W436 This Standard will be met as evidenced by: Adaptive equipment process will be reviewed and discussed with all staff. QMRP in coordination with the Home Manager is expected to submit and track status of adaptive equipment requests, document actions and take additional actions as needed to secure necessary repairs and equipment as needed. QMRP will review wheelchair cleaning procedures and expectation with all staff. Wheelchairs are to be wiped and cleaned on a nightly basis. Both QMRP and Home Manager will monitor to ensure ongoing compliance with this standard.	3.23.07 ongoing

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W 436	Continued From page 8 1. Client #3's wheelchair was visually inspected during observations conducted on February 20, 2007, at approximately 8:00AM, revealed that the wheelchair's tilt cables were not functioning and the footrest platform covering was torn in several places. Interview with the Acting Qualified Mental Retardation Professional (QMRP) on February 20, 2007, at approximately 10:30AM revealed that Client #3 was unable to attend his day program for the past three weeks because his wheelchair needed to be repaired. Further interview with the QMRP revealed that a medical document (Form 719) had been submitted for the wheelchair to be repaired. The medical document that was submitted by the facility for the repair of the wheelchair was requested from the QMRP on February 20, 2007 at approximately 10:45AM; however, at the time of the survey no documentation for the repairs or replacements was provided. [Note: The Residential Coordinator contacted a wheelchair vendor on February 20, 2007 and at approximately 11:30AM, Client #3's wheelchair was repaired on the same day. Client #3 returned to his day program on February 21, 2007.] 2. Client #4's wheelchair was inspected on January 22, 2007 at 10:05 AM. The wheelchair had various spillages and soiled areas. There was no evidence that a system to ensure the cleanliness of the wheelchairs had been established.			W 436			

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W 124	Continued From page 1 Retardation Professional (QMRP), revealed that Client #1's mother was involved in his life but that the client did not have a legal guardian. Review of Client #1's physician's orders dated February 10, 2007, at approximately 1:00 PM on February 21, 2007 revealed that the client was prescribed Haldol 1 mg. PO and Benadryl 50 mg PO two hours prior to having an EEG on February 13, 2007. Review of Client #1's physician's orders dated February 10, 2007, at approximately 1:00 PM on February 21, 2007 revealed that the client was prescribed Haldol 1 mg. PO and Benadryl 50 mg PO two hours prior to having an EEG on February 13, 2007. Interview with the Licensed Practical Nurse (LPN) and review of the Medication Administration Record (MAR) at approximately 1:30 PM on February 21, 2007 revealed that the client did receive Haldol 1 mg. PO and Benadryl 50 mg PO two hours prior to having an EEG on February 13, 2007. There was no evidence that the facility informed Client #1 or a legally-authorized representative of the health benefits and risks of treatment associated with the use of the medications for sedation. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity.	W 124		
W 126	483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. This STANDARD is not met as evidenced by: Based on the review of clients' financial assessments and interviews with direct care staff,	W 126	W126 This Standard will be met as evidenced by: Both client #1 and client #4's financial management skills will be reassessed. QMRP will review/revise/discontinue and/or establish program/s to enhance/increase their skills in this area. All staff will receive additional training as needed. Home Managers will monitor program implementation and documentation to ensure ongoing compliance with this standard.	3.9.07 ongoing

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Health Regulation Administration

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1 000	INITIAL COMMENTS This re-certification survey was conducted from February 20-22, 2007. Six males and one female with varying degrees of disabilities reside in this facility. The survey sample was derived from a random sampling of four of the seven clients. The survey findings were based on observations in the group home and at one day program. In addition, the findings were based on interviews with one client, residential, nursing, administrative and day program staff. Review of records, including investigations of unusual incidents was also conducted.	1 000		
1 000	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: The finding includes: During the environmental inspection of clients areas conducted on February 21, 2007, it was identified that the first large bathroom in the hallway had a foul odor. The door was closed but was later opened to air by the staff.	1 090	3504.1 Housekeeping This Statute will be met as evidenced by: Home Manager will ensure that routine housekeeping is completed on a daily basis. Home Manager will also ensure that sanitary spray is available as needed to disinfect and deodorize the environment as needed.	3-23-07 ongoing
1 401	3520.3 PROFESSIONAL SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the	1 401	3520.3 This Statute will be met as evidenced by: Reference response to federal deficiency report W214.	3-1-07 ongoing

Health Regulation Administration

LATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Nancy Branch

TITLE
DRS

DATE
3/1/07

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If continuation sheet 1 of 2